

**PUTNAM COUNTY DEPARTMENT OF HEALTH  
DIVISION OF ENVIRONMENTAL HEALTH SERVICES**

**APPLICATION TO ABANDON A WATER WELL**

Please print or type

PCHD Permit # \_\_\_\_\_

<b>Well Location:</b>	<b>Street Address:</b>	<b>Town/Village:</b>	<b>Tax Grid #:</b>
<b>Well Owner</b>	<b>Name:</b>	<b>Address:</b>	
<b>Well Type</b>	<input type="checkbox"/> Drilled <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Gravel <input type="checkbox"/> Other		
<b>Depth Data</b>	<b>Well Depth:</b> _____ ft.	<b>Static Water Level:</b> _____ ft.	<b>Date Measured:</b> _____
<b>Use of Well</b> 1- Primary 2- Secondary	<input type="checkbox"/> Residential <input type="checkbox"/> Public Supply <input type="checkbox"/> Business <input type="checkbox"/> Farm <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional	<input type="checkbox"/> Air Cond./Heat Pump <input type="checkbox"/> Test/Observation <input type="checkbox"/> Standby	<input type="checkbox"/> Abandoned <input type="checkbox"/> Other (Specify) _____
<b>Water Well Contractor</b>	<b>Name:</b>	<b>Address:</b>	
<b>Reason For Abandonment</b>			
<b>Description of Work to be Performed:</b>			
<b>Date:</b> _____		<b>Applicant Signature:</b> _____	

**PERMIT**

This permit, to abandon one water well as set forth above, is granted under provisions of Article 10 of the Putnam County Sanitary Code, Subpart 5-2 of Part 5 of the New York State Sanitary Code and/or part 75 of 10 NYCRR and provided that: Within 30 days of the completion of the abandonment of the water well, the applicant shall submit to the Department a certified statement that the information delineated on the application for this permit has been completed.

\_\_\_\_\_ **Date of Issue**                      \_\_\_\_\_ **Permit Issuing Official**                      \_\_\_\_\_ **Title**

**One copy - HD File; One copy - Building Inspector; One copy - Owner; One copy - Well Driller**